

LABOR COMPLIANCE SPOT CHECK

PROJECT NO. _____ DISTRICT _____

DESIGNATION _____ DATE _____

CONTRACTOR _____ INTERVIEWER _____

PRIME _____ SUBCONTRACTOR _____

LC-1 MUST BE ATTACHED TO CORRESPONDING PAYROLL
 INTERVIEWS ARE TO BE CONDUCTED THE 2nd & 4th WEEKS AND THEN ONCE A MONTH.
 RETAIN ONE COPY FOR YOUR FILES.
 REFER TO CRB MANUAL, LABOR COMPLIANCE SECTION.

EMPLOYEE NAME	CLASSIFI- CATION	RATE OF PAY	WORK PERFORMED	1. ATTEND EEO MTGS? 2. EEO OFFICER? 3. COMPLAINT FILING? 4. BULLETIN BOARD? 5. BENEFIT PROGRAM? (CIRCLE IF KNOWN)					Are you employed by another contractor on this project? (If yes, write in name of contractor.)
		OT?*		1	2	3	4	5	
1.				1	2	3	4	5	
2.				1	2	3	4	5	
3.				1	2	3	4	5	
4.				1	2	3	4	5	
5.				1	2	3	4	5	
6.				1	2	3	4	5	
7.				1	2	3	4	5	
8.				1	2	3	4	5	
9.				1	2	3	4	5	
10.				1	2	3	4	5	
11.				1	2	3	4	5	
12.				1	2	3	4	5	
13.				1	2	3	4	5	
14.				1	2	3	4	5	
15.				1	2	3	4	5	
16.				1	2	3	4	5	
17.				1	2	3	4	5	

* Are you receiving time and a half wages for all work over 40 hours in a workweek?